Recreation Program and Session I Swimming Lesson Registration Form

♦ Please print, one family per form!

◆Address envelope to: Menasha Parks and Recreation Department, 140 Main Street, Menasha, WI 54952

Parent First Name:			Last Name:			
(if registering child(ren)						
Address:			E-Ma	ail		
City:			State: Zip Code:			
Telephone #1:			Telephone #2			
Best time and phone nu	mber you can	be rea	ched at:			
City of Menasha resider	nt? Ye	s No	If no, residency location:			
Parent Signature:						
◆ Please double check ◆						
First & Last Name(s)	*Birthdate	Sex	Class or Lesson Name	Fee	1st Choice Class/Lesson Number	2nd Choice Class/Lesson Number
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- ◆ Program confirmation receipts will be mailed.
- ♦ Make checks payable to: City of Menasha
- ◆ Please DO NOT staple checks!
- ◆ * False birthdates may lead to child's removal from program.